

**OFFICE OF AGING AND ADULT SERVICES**  
**ENVIRONMENTAL ACCESSIBILITY ADAPTATION JOB COMPLETION FORM**

<b>SECTION 1 – IDENTIFYING &amp; JOB SPECIFIC INFORMATION</b> (To be completed by the support coordinator)		
Recipient's Name:		SSN:
Address:		
Personal Representative's Name (if applicable):		
Support Coordination Agency:		
Address:		
Phone #:	Provider #:	
Adaptation Provider:		
Address:		
Phone #:	Provider #:	
Description of Requested Service:		Requested Amount: \$
Procedure Code:	Are funds available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Completion Date:		
Provider Agreement Signature & Date:		
Support Coordinator Agreement Signature & Date:		
Recipient/Personal Representative Agreement Signature & Date:		
<b>SECTION 2 – OAAS AGREEMENT &amp; PRIOR APPROVAL DETAILS</b> (To be completed by OAAS Regional Office)		
Description of Approved Service:		
Procedure Code:	Approved Amount: \$	
OAAS Prior Approval Signature:	Date of Prior Approval:	
<b>SECTION 3 – PROVIDER'S VERIFICATION OF JOB COMPLETION</b> (To be completed by the provider)		
Description of Completed Job:		
Does the job meet all state and/or local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provider's Signature:	Date Job Completed:	
<b>SECTION 4 – FINAL DETERMINATION ON JOB COMPLETION</b> (To be completed by the support coordinator and OAAS Regional Office)		
Date Completed Job Verified:	Is the Job Acceptable?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		
Recipient/Personal Representative Determination Signature:		
Support Coordinator's Determination Signature:		
Is the Job Given Final Approval by OAAS?: <input type="checkbox"/> Yes <input type="checkbox"/> No      If "No" explain:		
OAAS Final Determination Signature:	Date of OAAS Final Determination:	

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**INSTRUCTIONS**

This form is to be used for all Environmental Accessibility Adaptation (EAA) to be included in the recipient's approved Plan of Care (POC). If more than one EAA is being requested, a separate Job Completion form is to be used for each EAA. The support coordinator (SC) will complete Section 1, obtain proper signatures, and send along with the OAAS POC revision form, the required bid and if applicable a doctor's statement attesting to medical necessity (if for air filtering device and/or heating/cooling adaptation) to the OAAS Regional Office (R.O.). Section 2 will be completed by the OAAS R.O. and sent back to the SC who will forward it to the provider. Section 3 will be completed by the provider and returned to the SC as soon as the job is completed. The applicable parts of Section 4 will be completed by the SC and returned to the OAAS R.O. After reviewing for completeness and accuracy, the OAAS R.O. will complete the remainder of Section 4 and submit the documents to the prior authorization contractor for processing. All signatures are mandatory.

**Section 1 – Identifying & Job Specific Information:**

After the POC is approved and the recipient and/or personal representative has selected a provider for the service, the information in this section shall be completed by the SC. The SC shall then obtain signatures of the provider and recipient and/or personal representative to indicate agreement of all parties involved. The SC will ensure that the provider is aware of building codes. The provider will bear the burden of liability with all applicable local and state building codes and licensing/certification requirements in effect.

Recipient's Identifying Information:	The recipient's full legal name, social security #, address, and, the personal representative's name (if applicable) are to be entered in the spaces provided.
SC Agency's Identifying Information:	The SC agency's name, address, telephone # and provider # are to be entered in the spaces provided.
Adaptation Provider's Identifying Information:	The adaptation provider agency's name, address, telephone # and provider # are to be entered in the spaces provided.
Description of Requested Service:	The applicable service description from the current Elderly and Disabled Adult Waiver Services Procedure Codes/Rates chart is to be entered in the space provided. If the request is for "Other Adaptations" please specify.
Requested Amount:	The dollar amount being requested for the job is to be entered in the space provided.
Procedure Code:	The applicable procedure code from the current Elderly and Disabled Adult Waiver Services Procedure Codes/Rates chart is to be entered in the space provided.
Funds Available:	Indicate whether or not funds are available by marking the box next to either "Yes" or "No". The SC shall verify this via the appropriate source in accordance with established procedure.
Anticipated Completion Date:	The anticipated completion date of the job as indicated by the provider is to be entered in the space provided.
Agreement Signatures and Dates:	Signatures of the provider, the SC and the recipient/personal representative in the spaces provided indicate agreement to the described service, cost and anticipated completion date. The date of signature is to be entered behind each signature.

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After Section 1 has been completed, the SC will forward the form to the OAAS R.O. along with written bids and the POC revision form for completion of Section 2.

**Section 2 – OAAS Agreement & Prior Approval Details:**

OAAS R.O. staff will review the packet and if the request is approvable will enter the description, procedure code, and dollar amount of the prior approved service in the spaces provided. OAAS R.O. staff will also sign and date this section to indicate prior approval of the requested service and dollar amount payable to the provider once OAAS R.O. has given final approval subsequent to completion of the job.

**Section 3 – Provider’s Verification of Job Completion:**

Upon completion of the pre-approved job the selected provider will complete this section.

Description of Completed Job:	A description of the completed job is to be entered in the space provided.
Job meets state &/or local requirements:	Indicate whether or not the completed job meets applicable state and/or local requirements by marking the box next to either “Yes” or “No”.
Provider’s Signature:	The provider’s signature in the space provided indicates the prior approved job has been completed by the provider, as previously agreed and in accordance with all applicable local and state building codes and licensing/certification requirements in effect.
Date Job Completed:	The actual Date that the job was completed is to be entered in the space provided.

Upon completion of this section, the provider will submit the form with his/her original signature to the SC. This form may be faxed to the SC and the original form mailed to expedite the process.

**Section 4 – Final Determination on Job Completion:**

Upon receipt of this form with section 3 completed, the SC shall view the completed job with the recipient and/or personal representative and complete the top part of this section of the form.

Date completed job verified:	Enter the date the SC viewed the completed job with the recipient/personal representative in the space provided.
Job Acceptable:	Indicate whether or not the completed job is acceptable by marking the box next to either “Yes” or “No”. If not considered acceptable the SC shall negotiate with the provider in accordance with the established policy.
Comments:	If the job is not accepted by either the SC or the recipient the SC shall provide an explanation in the space provided.
Determination Signatures and Dates:	Signatures of the SC and the recipient/personal representative in the spaces provided indicate that an acceptance determination has been made. In the event that there isn’t agreement between the SC and the recipient/personal representative, the SC shall note that the recipient is not in agreement and declined to sign.

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The completed form must be mailed or faxed by the SC to the OAAS R.O. within ten (10) working days of the date of the actual job completion.

OAAS Final Determination:

OAAS R.O. staff shall indicate whether or not the job meets final approval criteria by marking the box next to either "Yes" or "No". If the review results in the job not being approved, the R.O. staff will explain why in the space provided.

OAAS Final Determination Signature and Date:

OAAS R.O. staff signature and date in the spaces provided indicate that a final determination has been made.

Once a final determination is made, the OAAS R.O. will submit the Job Completion form and all applicable documents to the SC and if applicable to the prior authorization contractor for processing.